

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561811

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		2				
10		1				
11	1					
12	1					
13	1					
14	1					
15		1				
16			1			
17			1			
18			1			
19			1			
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48						
49						
50						
TOTAL IND.	(6)		(6)			
TOTAL DEP.	9	←	9	←		←
TOTAL CLAIMS	15		15			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↓			↓	
TOTAL CLAIMS						